MELANOMA (SKIN)

Table 1: Incidence and mortality summary, South Dakota, 2003

	All races combined			White	American Indian
	Total	Male	Female		
Incidence	111	59	52	110	1
S.D.	13.9	15.8	12.6	14.7	§
U.S. incidence	17.3	21.8	14.1	20.9	▓
Death count[1]	33	14	19	31	2
S.D. death	3.9	3.7	3.9	3.9	§
U.S. death	2.7	3.9	1.7	3.0	▓

Healthy People 2010 Objective is 2.5 deaths per 100,000 persons

Notes: ▓ Rate is not available

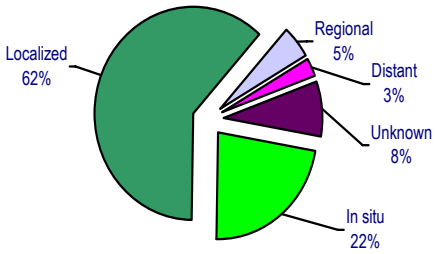
§ Rates less than 16 counts are supressed because of instability of rates

Rates are per 100,000 persons, age-adjusted to the 2000 U.S. standard population

+ Source: South Dakota Department of Health

[2] *SEER* 13 Registries *1990-2003*

Figure 1: Melanoma stage at diagnosis[3], South Dakota 2003



[3] SEER SUMMARY STAGE 2000

Source: South Dakota Department of Health

Descriptive Epidemiology

Incidence: Invasive melanoma of the skin accounted for 2.9% of the cancers reported to the SDCR. Reporting fell short of the expected cases for 2003, therefore, this incidence rate should be used with caution. The SDCR expects more complete reporting with the new expanded law on reporting Melanoma incidence increases with age and is generally higher among men than women. Melanoma is primarily a cancer of white populations and ethnic background is a determinant among this population.

Stage at diagnosis: In 2003, 84% were diagnosed at early *in situ* and localized stages, slightly down from the 88% in 2002.

Mortality*:* Deaths were 2% of cancer deaths up from 2002. The five-year trend in mortality rates from 1999-2003 a percent change (P.C) of 64% and an annual percent change (APC) of 13.3%.

The mortality/incidence ratio was 0.3 fo all races.

Years of Potential Life Lost ($YPLL_{75}$) in 2003: 276 years for whites .

Average Years of Life Lost ($AYLL_{75}$) in 2003: 12 years for whites.

Risk and Associated Factors

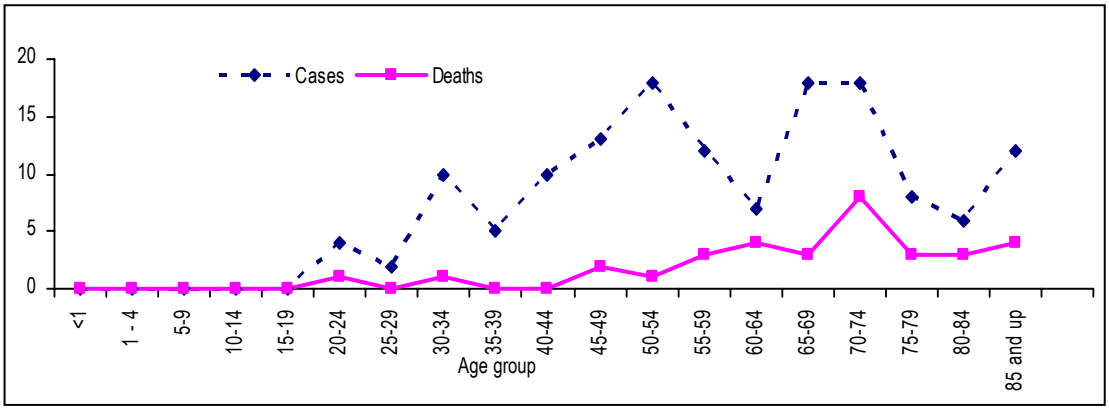
Fair skin or complexion, history of sunburns and/or exposure to ultraviolet light (both sun and artificial UV light), and multiple dark moles are the highest risk factors. A history of three or more sunburns, particularly blistering sunburns, from either sun exposure or tanning booths before age 20 greatly increases risk. Individuals with a prior history or family history of melanoma are also at risk. Immuno-suppressed persons also have increased risk.

Early Detection and Prevention

Skin cancers are the most common cancers diagnosed. Fortunately most are non-life threatening basal and squamous cell cancers. The less common melanomas, if not caught early can lead to death. The best way to identify early melanoma is through the recognition of changes in skin growth such as moles or appearance of new growths. Skin examinations should be part of regular checkups and people at risk should be using the ABCDE and P rule (appendix D) with monthly self-examinations.

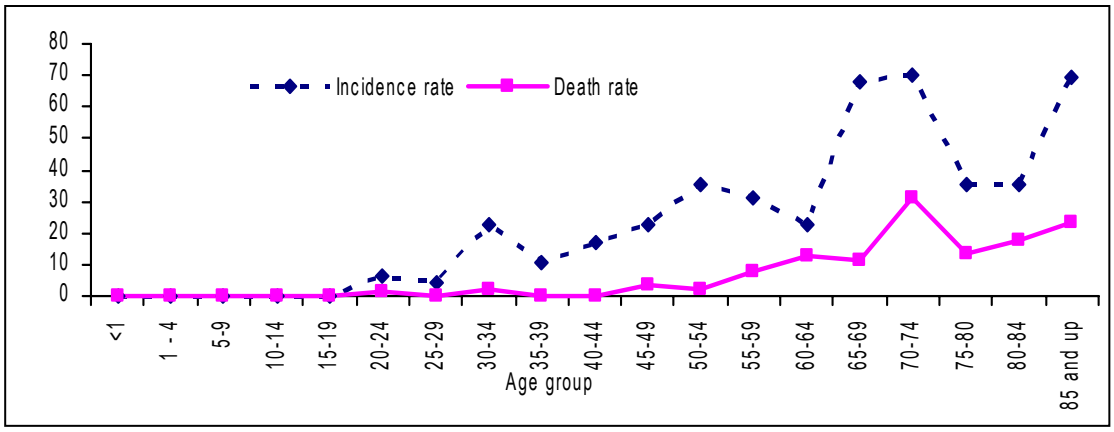
One or more yearly physician skin examinations for unaffected high-risk individuals. Physician surveillance 2-3 times a year for individuals who have already had malignant melanoma or eye melanoma diagnosed.

Figure 2 : Melanoma cases and deaths by age, South Dakota 2003



Source: South Dakota Department of Health

Figure 3 : Melanoma age-specific incidence and mortality rates , South Dakota 2003



Rates are per 100,000 persons

Source: South Dakota Department of Health

Table 2 : Melanoma age-adjusted incidence , 2001-2003 and age-adjusted death rates , 1999-2003, South Dakota and United States

		All races combined			White	American
		Total	Male	Female		Indian/PI
2001-2003	SD incidence count	342	176	164	303	6
3 years	S.D. incidence rate	14.3	16.1	13.0	13.6	§
incidence[1]	U.S. SEER incidence rate[2]	19.4	24.1	16.2	23.5	2.9
1999-2003	SD death count	107	58	49	105	§
5 years deaths[1]	S.D. death rate	2.6	3.2	2.3	2.7	§
	U.S. SEER death rate[3]	2.6	3.8	1.8	3.0	0.7

Healthy People 2010 2.5 deaths per 100,000 persons

Note: Rates are per 100,000 persons, age-adjusted to the 2000 U.S. standard population

Source: [1] South Dakota Department of Health [2] *SEER Cancer Statistics Review 1975-2003*